

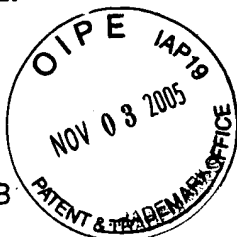
11-14-05

IFW

One North Pennsylvania Street, Suite 850  
Indianapolis, Indiana 46204  
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

Art Unit: 2487  
Examiner: Ali, Shumaya B  
Atty. Docket: 7432-0046  
Applicants: Moenning and Irbeck  
Invention: DENTAL ANESTHESIA ADMINISTRATION  
MASK AND EYE SHIELD  
Serial No.: 10/647,991  
Filed: 26 August 2003



Certificate of Express Mailing Under 1.10

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dated: 2 November 2005

Signature: Marianne E. Ries  
Marianne E. Ries

Exp. Cert. No.: EV732118521US

**Deposit Account:**  
The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:  
Deposit Account No. 50-1590

CUSTOMER NUMBER: 000031425

Box Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	34	33*	1	Rate x \$25	\$ .00	Rate x \$50	\$50 .00
INDEP. CLAIMS	5	5**	0	Rate x \$100	\$100.00	Rate x \$200	\$ 0.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$50.00	

\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

X An Extension of Time for 2 month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).  
The required fee for filing this extension is: \$ 450.00

TOTAL FEE FOR THIS AMENDMENT

\$ 500.00

X A check in the amount of \$500.00 to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiano's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

E. Victor Indiano  
Attorney of Record  
Printed Name: E. Victor Indiano  
Registration No.: 30,143



**INDIANO VAUGHAN LLP**

One North Pennsylvania Street, Suite 850  
Indianapolis, Indiana 46204  
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Art Unit: 3743

Examiner: Ali, Shumaya B

Atty. Docket: 7432-0046

Applicants: Moenning and Irlbeck

Invention: **DENTAL ANESTHESIA  
ADMINISTRATION MASK AND  
EYE SHIELD**

Serial No.: 10/647,991

Filed: 26 August 2003

Certificate of Express Mailing Under 1.10

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P.O. Box 1450  
Alexandria, VA 22313-1450

Dated: 2 November 2005

Signature

*Marianne E. Ries*  
Marianne E. Ries

Exp. Cert. No.: EV732118521US

**Deposit Account:**

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Deposit Account No. 50-1590

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**CUSTOMER NUMBER: 000031425**

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Dear Sir:

In response to the official Action of 02 June 2005, Applicants respectfully request entry of the following amendment.

11/07/2005 YPOLITE1 00000036 10647991

01 FC:1202 50.00 OP

11/07/2005 YPOLITE1 00000036 10647991

02 FC:1252 450.00 OP

**IN THE TITLE**

Please amend the title as follows: ANESTHESIA ADMINISTRATION MASK AND  
EYE SHIELD.